

SINGLE BUSINESS TAX AMENDED RETURN**C-8000X**

Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

Complete and attach any schedules that have changed because you are amending.**IDENTIFICATION****1** This return is for calendar year _____ or for the following tax year

Beginning Date

Ending Date

month year

19

month year

19

2 Name (Type or Print)

d/b/a

Street Address

City, State, ZIP

3 Check this box if you are filing a Michigan consolidated return.☐

Enter authorization number _____

4 Check this box if you are a member of a controlled group (see instruction book).☐**5** Federal Employer ID No. (FEIN) or TR No. _____**6a** Check this box if address is new ☐**b** Check this box if discontinued ☐

Effective date of discontinuance _____

7 Business Start Date**8** Source of Change☐ IRS☐ Amended☐ Audit☐ Federal☐ Other _____**9** Organization Type (check one)a. ☐ Individualb. ☐ Fiduciaryc. ☐ Professional Corp.d. ☐ S-Corp.e. ☐ Other Corp.f. ☐ Partnershipg. ☐ Limited Liability Co.**10** Gross receipts _____As Reported
or Adjusted**10** _____ .00Correct
Amount**10** _____ .00**11** Business income (50% method; see instructions) _____**11** _____ .00**11** _____ .00**COMPENSATION****12** Salaries, wages and other payments to employees _____**12** _____ .00**12** _____ .00**13** Employee insurance plans - health, life _____**13** _____ .00**13** _____ .00**14** Pension, retirement, profit sharing plans _____**14** _____ .00**14** _____ .00**15** Other payments - supplemental unemployment benefit trust, etc _____**15** _____ .00**15** _____ .00**16** **Total Compensation.** Add lines 12 - 15 _____**16** _____ .00**16** _____ .00**ADDITIONS****17** Depreciation and other write-off of tangible assets _____**17** _____ .00**17** _____ .00**18** Taxes imposed on or measured by income (city, state, foreign) _____**18** _____ .00**18** _____ .00**19** Single business tax _____**19** _____ .00**19** _____ .00**20** Dividend, interest and royalty expenses _____**20** _____ .00**20** _____ .00**21** Capital loss carryover or carryback _____**21** _____ .00**21** _____ .00**22** Net operating loss carryover or carryback _____**22** _____ .00**22** _____ .00**23** Gross interest and dividend income from bonds and similar obligations

issued by states other than Michigan and its political subdivisions _____

23 _____ .00**23** _____ .00**24** Any deduction or exclusion due to classification as FSC or similar

classification and expenses of financial organizations (see inst.) _____

24 _____ .00**24** _____ .00**25** Losses from partnerships, Account no. _____**25** _____ .00**25** _____ .00**26** **Total Additions.** Add lines 17 - 25 _____**26** _____ .00**26** _____ .00**27** Subtotal. Add lines 11, 16 and 26 _____**27** _____ .00**27** _____ .00**SUBTRACTIONS****28** Dividends, interest and royalty income included in business income _____**28** _____ .00**28** _____ .00**29** Capital losses not deducted in arriving at business income _____**29** _____ .00**29** _____ .00**30** Income from partnerships included in business income,

Account no. _____

30 _____ .00**30** _____ .00**31** **Total Subtractions.** Add lines 28 - 30 _____**31** _____ .00**31** _____ .00**TAX BASE****32** **Tax Base.** Subtract line 31 from line 27 _____**32** _____ .00**32** _____ .00**33** **Apportioned Tax Base.** Multiply line 32 by % from C-8000H _____**33** _____ .00**33** _____ .00

Attach your check here ▶

Go to page 2**PAYMENT****65** What amount did you enter on page 2, line 61 _____ **PAY THIS AMOUNT ▶ 65** _____ .00

TAX BASE	As Reported or Adjusted	Correct Amount
34 What amount did you enter on line 32 or 33 (whichever applies)?.....	34 _____ .00	34 _____ .00
ADJUSTMENTS		
35 Capital acquisition deduction (from C-8000D).....	35 _____ .00	35 _____ .00
36 Recapture of capital acquisition deduction (from C-8000D).....	36 _____ .00	36 _____ .00
37 Net capital acquisition deduction. Subtract line 36 from line 35.....	37 _____ .00	37 _____ .00
38 Adjusted tax base before loss deduction and statutory exemption Subtract (if negative add) line 37 from line 34. If negative, loss carryforward	38 _____ .00	38 _____ .00
39 Business loss deduction	39 _____ .00	39 _____ .00
40 Adjusted tax base before statutory exemption. Subtract line 39 from 38...	40 _____ .00	40 _____ .00
STATUTORY EXEMPTION (See schedule C-8043 in the instruction booklet.)		
41 Allowable statutory exemption from schedule (attach C-8043).....	41 _____ .00	41 _____ .00
42 ADJUSTED TAX BASE. Subtract line 41 from line 40. Check if C-8000G is attached. <input type="checkbox"/>	42 _____ .00	42 _____ .00
REDUCTIONS, CREDITS, TAX		
43 Reduction to adjusted tax base, if applicable (see form C-8000S)	43 _____ .00	43 _____ .00
44 Taxable base. Subtract line 43 from line 42 or enter amount from C-8000S	44 _____ .00	44 _____ .00
45 TAX BEFORE CREDITS. Multiply line 44 by the applicable tax rate.....	45 _____ .00	45 _____ .00
Amend the small business and contribution credits on form C-8000C before continuing. If you did not claim these credits enter the amount from line 45 on line 46.		
46 Enter either the amount from form C-8000, line 45 or C-8000C.....	46 _____ .00	46 _____ .00
47 Unincorporated/S-Corp Credit	47 _____ .00	47 _____ .00
48 Nonrefundable Credits	48 _____ .00	48 _____ .00
49 Add lines 47 and 48	49 _____ .00	49 _____ .00
50 Tax After Nonrefundable Credits. Subtract line 49 from line 46.....	50 _____ .00	50 _____ .00
PAYMENTS		
51 Overpayment credited from prior year.....	51 _____ .00	51 _____ .00
52 Estimated tax payments	52 _____ .00	52 _____ .00
53 Tax paid with request for extension.....	53 _____ .00	53 _____ .00
54 Refundable Credits	54 _____ .00	54 _____ .00
55 Amount paid with original return plus additional tax paid after original return was filed	55 _____ .00	55 _____ .00
56 Add lines 51 - 55	56 _____ .00	56 _____ .00
57 Overpayment, if any, as shown on original return (or as previously adjusted).....	57 _____ .00	57 _____ .00
58 Subtract line 57 from line 56.....	58 _____ .00	58 _____ .00
TAX DUE/OVERPAYMENT		
59 Tax due. If line 50 is more than line 58, enter the difference	59 _____ .00	59 _____ .00
60 Amended return penalty _____ and interest _____	60 _____ .00	60 _____ .00
61 Add lines 59 and 60. Enter here and on page 1, line 65.	61 _____ .00	61 _____ .00
62 If line 50 is less than line 58, enter the difference. You overpaid this amount	62 _____ .00	62 _____ .00
63 Amount of line 62 to be credited forward	63 _____ .00	63 _____ .00
64 Subtract line 63 from line 62.....	REFUND	64 _____ .00

SIGNATURE AND PREPARER AUTHORIZATION

TAXPAYER'S DECLARATION		PREPARER'S DECLARATION	
I declare, under penalty of perjury, that this return is true and correct to the best of my knowledge.		I declare, under penalty of perjury, that this return is based on all information of which I have any knowledge.	
<input type="checkbox"/> I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Do not discuss my return with my preparer.		Preparer's Signature	Date
Taxpayer's Signature	Date	Business Address and Phone	
Title			